|  |
| --- |
| C:\Documents and Settings\Phil\Local Settings\Temporary Internet Files\Content.Outlook\J0Y3VQC5\NEW Fruehauf logo.jpg |

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Available: |  | IRD No.: |  |

|  |  |
| --- | --- |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a New Zealand Citizen? | YES | NO | If no, do you have a current work visa.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of any crime? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you complete NCEA? | YES | NO | Level:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Higher Education: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO |  | Qualification Obtained |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list two references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**Please accept this as consent for Fruehauf NZ Ltd to complete a Pre-Employment Initial Base-line Health Assessment which will include testing of your Lung Function, Hearing, Vision along with Drug and Alcohol Testing.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

|  |
| --- |
| PREPLACEMENT HEALTH QUESTIONNAIRE |

|  |  |
| --- | --- |
| **Name:** | **Address:** |
| **Proposed Position:** |  |

The health assessment is required to ensure that the presence of any medical condition or disability does not result in an increased risk of illness or injury to yourself or others arising from the requirements of the job for which you have applied.

The assessment will be limited to conditions which may be relevant to your current capacity to perform the essential requirements of the job and will remain confidential to Fruehauf NZ Ltd and their designated medical practitioner/ Occupational Health Nurse.

Please complete the questionnaire below.

Depending upon the job for which you have applied, a limited clinical assessment and performance of tests may also be required.

**All non-office based jobs answers questions 1 to 10.**

**All Work Shop Fitter/Welders etc. answer questions 1 to 11.**

**All positions involving those working at heights and confined spaces are to answer questions 1 to 10 and question 12.**

Do you have, or have your ever suffered from, any of the following? (Tick appropriate box)

|  |  |  |
| --- | --- | --- |
| **1.** | **2.** | **3.** |
| Pain, discomfort or loss of function affecting the:  Y N  Neck 🞎 🞎  Shoulder 🞎 🞎  Arms or wrists 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pain, discomfort or loss of function affecting the:  Y N  Back 🞎 🞎  Knees 🞎 🞎  Ankles or feet 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Deafness 🞎 🞎  Difficulty hearing 🞎 🞎  Ringing in ears 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4** | **5.** |  |
| Y N  Impairment of vision 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Dermatitis/Eczema 🞎 🞎  Psoriasis 🞎 🞎  Other skin problems 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Asthma 🞎 🞎  Bronchitis 🞎 🞎  Shortness of breath 🞎 🞎  Wheezing 🞎 🞎  Pneumothoraces 🞎 🞎  Other chest problems 🞎 🞎  Hay fever/allergies 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7** | **8.** | **9.** |
| Y N  Heart Attack 🞎 🞎  Angina 🞎 🞎  Heart murmur 🞎 🞎  Palpitations 🞎 🞎  Blackouts/fainting 🞎 🞎  Vertigo/loss of  balance 🞎 🞎  Excessive daytime  sleepiness 🞎 🞎  Chest pain 🞎 🞎  High blood pressure 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Epilepsy/Fits 🞎 🞎  Co-ordination  problems 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Diabetes 🞎 🞎  Hernia 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **10.** | **11 (only to be completed by Work shop staff, Fitter/Welders etc.** | **12.(only to be completed by those working at heights, confined spaces)** |
| Y N  🞎 🞎  Any conditions which  would prevent you from wearing Safety footwear or other personal protective  equipment  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Thyroid problems 🞎 🞎  Misuse of illegal drugs or  alcohol 🞎 🞎  Kidney problems 🞎 🞎  Hepatitis 🞎 🞎  Jaundice 🞎 🞎  Other liver  problems 🞎 🞎  Colour Deficiency 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y N  Fear of confined  spaces 🞎 🞎  Fear of heights 🞎 🞎  If you answered yes please give a short explanation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Positive answers for the above may require clinical assessment at time of pre placement**

**DECLARATION:**

I declare that the above particulars are true to the best of my knowledge.

Signature: Date: